



The Physician Assistant:

A Guide for
Minority Students



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Gray Davis, Governor

Office of Statewide Health
Planning and Development

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1. Introduction

To accommodate the increasing health needs of the medically underserved minority communities, many changes in the delivery of health services must be instituted. This booklet is devoted to the physician assistant, a new health care professional, whose valuable skills extend health care services to growing health manpower shortage areas containing large numbers of underserved minority residents.

The term, physician assistant, applies to someone trained to provide certain health services which, until recently, had been considered the exclusive role of licensed physicians. Physician assistants (PAs) possess a range of skills similar to those of the physician, yet they do not carry the independent status of the practicing physician.

Although the title, physician assistant, is most widely applied to persons in this new health profession, other names still in use include the following: MEDEX (derived from the French "Medicin Extension," meaning "Physician Extension") and physician associate.

Physicians have been delegating tasks of all kinds to medical office assistants and nurses for years. What is new is the development of formal training programs in universities or medical centers in the diagnostic and therapeutic management of patients.

Although physician assistants and nurse practitioners routinely perform the same tasks, the professions have been traditionally separated. Nurse practitioners generally view themselves as independent practitioners in the expanded role of nursing. Since most nurse practitioners are also licensed nurses, they may technically provide some health care services under their nursing license without supervision of the physician.

On the other hand, physician assistants have usually gained their medical experience outside the field of nursing and must provide services under the supervision of a physician. Nevertheless, the distinction between the functions and responsibility of these new health professionals may be nominal in practice.

In the following sections, you will discover more about the role and functions of the physician assistant along with helpful hints and pointers which can be tested and applied as you develop your professional PA career. In addition, the Health Professions Career Opportunity Program (HPCOP) — the sponsors of this publication —

want to help you meet with success as you prepare for this rewarding new health professional field (See description of HPCOP services, page 22).

2. History and Philosophy of the Physician Assistant Concept

There is a documented shortage of primary health care practitioners in inner-city barrios, ghettos, and some rural areas. The shortage of physicians in these areas prevents many people from gaining access to adequate care. Other countries have tried to solve similar problems by using allied health workers — Russia has its “feldshers” and China trains “barefoot doctors.”

In America, Dr. Eugene Stead of Duke University envisioned the PA as a way to augment scarce medical care and as a way to provide a career ladder for highly motivated people in other health professions. He believed that persons less extensively trained than physicians in biomedical science and the pathophysiology of disease could render services traditionally provided by physicians, as long as they worked under the supervision of a physician. In 1965 Dr. Stead established a two-year PA training program at Duke. This program supplemented the students' extensive practical training and experience as ex-medical corpsmen with intensive courses in various disciplines of medicine and with supervised clinical training. This was the beginning of formal PA training programs.

Today, PAs come from more than 70 U.S. training programs approved by the American Medical Association. These PAs perform a wide variety of medical and surgical functions, depending on their training and location, and the needs of supervising physicians. They represent a new level of health professional whose limits and boundaries are evolving dynamically, whose frame and definition are still flexible.

Basic to the physician assistant concept is the idea of the MD-PA team. Although various studies indicate that many of the patients seen in a primary care practice can be cared for effectively by a physician assistant, all PAs are trained to know their limits and to consult with their supervising physician before that limit is crossed.

In practice, PAs handle the common everyday problems such as Upper Respiratory Infections (URIs), Urinary Tract Infections (UTIs), and other common acute infections. They do minor surgical procedures, set

fractures, and provide maintenance care for the common chronic problems, such as arthritis, low back complaints, hypertension, and diabetes. They routinely do complete physical examinations and take patient histories. Emphasis is placed on good patient rapport, developed by taking time to educate and counsel patients.

3. The Need for Minority Physician Assistants

The health care system in this country does not adequately serve many minority communities. Most doctors and other health professionals tend to locate in affluent areas once they are trained. The result is that the poor living in urban ghettos, barrios, or rural areas do not have access to needed health professional assistance. For example, in 1976, Los Angeles County, as whole, had an adequate primary care physician-to-population ratio of one to 1,075 (1:1,075). Yet, the rich, contiguous Los Angeles area stretching from Van Nuys through Beverly Hills and Bel Air to Santa Monica, with approximately 330,000 residents, had one primary care physician per 458 residents.

On the other hand, the continuous area stretching from Los Angeles River through East Los Angeles to El Monte and Pico Rivera, with a predominantly Chicano population of 760,000 had only one primary care physician per 3,700 residents. Similarly, the South Central portion of Los Angeles County, stretching from the West Adams area through Exposition Park and south to Watts, with an overwhelmingly Black population of 560,000, had only one primary care physician per 3,131 residents. These primary care physician ratios are similar to those in underdeveloped countries such as Bolivia, Egypt, and Peru.

There is evidence that physician assistants generally provide primary health care services which are most often in short supply in minority and underserved communities. For instance, the 1984 American Academy of Physician Assistants (AAPA) survey of PA graduates showed that 70 percent of respondents worked in the primary care areas of family practice, obstetrics-gynecology, pediatrics, emergency medicine, and general internal medicine.

Physician assistants tend to locate their practices in underserved areas. Stanford University's Primary Care Associate Program reported, for example, that currently

74 percent of its practicing PA graduates are working in underserved areas; 98 percent of them in primary care settings. Thus, the development of a growing number of minority PAs is part of the solution to the health care delivery problem of underservice caused by the geographic and specialty maldistribution of physicians.



There is evidence to suggest that most PAs provide health care services in areas where there is a large population of underserved minorities. Sam Wilburn is an American Indian graduate of the PA program at Stanford University. Currently Sam is the coordinator of a maternal-child health program for the California Urban Indian Health Council in Sacramento, CA.

Minority PAs can also effectively use their linguistic and cultural skills and knowledge of the hardships and other social customs and beliefs of minority communities to better serve patients in those communities — patients who, because of existing social inequities, rarely receive adequate attention from overworked staff physicians in public hospitals and clinics.

Biculturalism and bilingualism are important. It not only helps the PA to communicate better with patients, but it is also the basis for the establishment of a favorable physician assistant-patient relationship. This relationship is a crucial factor in the successful diagnosis and recuperation of the patient.

4. What Is the Role of the PA?

The PA does not take the place of the doctor as part of the care team.* Physician assistants provide services which help physicians to focus their skills where they are most needed and even possibly to treat additional patients.

The majority of PAs are trained to provide primary care. Primary care in the educational context includes medicine, pediatrics, obstetrics, and gynecology. PAs often complete the initial screening of a patient and correlate or talk over diagnosis with the physician. PAs give physical examinations and are involved in a wide range of therapeutics for the patient. PAs diagnose and treat 80-100 percent of those illnesses commonly treated by a family physician. Routine tasks include taking medical histories, making hospital rounds, drawing blood, and starting IVs and EKGs. For those with some degree of independence, treating patients with relatively complex problems is not uncommon.**

Each state regulates the physician assistant's scope of practice. In the State of California, physician assistant services can include, but are not limited to, the following:***

- Initially approaching a patient of any age group in any setting to elicit a detailed and accurate history, performing an appropriate physical examination, identifying problems, and recording and presenting pertinent data in a meaningful manner;
- Performing and/or interpreting routine diagnostic studies including common laboratory procedures, electrocardiographic tracings, allergy screening, obtaining of pap smears, and others;
- Performing therapeutic procedures including injections, immunizations, suturing, wound care, incision and drainage of superficial infections, treatment of warts, cast application and follow-up of simple fractures, and others;

* Seventy percent of the clinical procedures carried out by the physician in general practice can be accomplished by the PA.

** California state regulations require that the supervising physician be available by phone, not necessarily on the premises.

*** From the State of California Physician Assistant Regulations, as contained in Title 16, Chapter 13.8, California Administrative Code.

- Instructing and counseling patients regarding physical and mental health, including information relating to diet, disease prevention and therapy, normal growth and development, family planning, situational adjustment reactions, and others;
- Assisting the physician in inpatient settings by conducting patient rounds, recording patient progress notes, determining and implementing therapeutic plans jointly with the supervising physician, and compiling and recording pertinent narrative case summaries;
- Assisting in the delivery of services to patients requiring continuing care (home, nursing home, extended care facilities, etc.), including review and monitoring of treatment and therapy plans; and
- Facilitating the primary care physician's referral of patients to appropriate health facilities.

In addition to the performable tasks above, primary care PAs may be permitted to perform other tasks in which adequate training and proficiency can be demonstrated, under supervision of the primary care physician.

The above list is a simple guideline to the level of functions of the PA. Tasks of significantly greater magnitude or complexity no longer require specific approval by the Allied Health Division of the Board of Medical Quality Assurance. The Allied Health Division in January 1979 approved new regulations permitting PAs to serve as first or second assistant in surgery and order laboratory and radiographic studies, physical therapy, and special diets in acute care hospitals and other health facilities.

PAs may recommend medications for patients and the supervising physician will generally and routinely prescribe the medications recommended by the PA. Currently PAs working under protocol may phone prescriptions for Schedule I drugs to the pharmacy or write a medication order in the inpatient chart. These charts must be received and countersigned within seven days.

In the State of California, "supervision" means reviewing with the PA, either directly or by electronic means, the findings of the patient's history and physical examination and the PAs task performance. Supervision need not be given prior to treatment, nor must supervising physicians be on the premises as long as they are available by phone or radio at all times the PA is providing services. The supervising physician may adopt protocols to govern the performance of a PA for

some or all tasks. The supervising physician shall review, countersign, and date a minimum of 10 percent sample of medical records of patients treated by the PA functioning under these protocols within 30 days.



The role of the PA is to provide primary care services in medicine, pediatrics, obstetrics, and gynecology, under the supervision of a licensed physician. Marti Neave is an Hispanic student in the UC Davis PA program. Here Marti performs a routine pediatric examination on an infant.

5. What the Record Shows

Physicians often ask many pointed questions about this new profession. They want to know about cost effectiveness, quality of care, patient acceptance, and malpractice. While the definitive answers are not all in, a review of the current literature suggests answers to these and other questions.

No single issue in medicine today is as burning as the cost of medical care. One highly effective solution to the problem of rising cost is the physician assistant. Productivity gain — measured by percent increase in number of per-week patient visits in various PA-employing health care settings — ranges from 37 percent to 100 percent. Measured by number of patients seen compared to practices not employing PAs, a 50-57 percent increase has been noted.¹

¹ R. C. Mendenhall and Repicky. "Collection and Processing of Baseline Data for the Physician Extender Reimbursement Study." University of Southern California School of Medicine, Division of Research in Medical Education. 1978.

A 1978 study published in the *New England Journal of Medicine* looked at patient visits for the common complaints of abdominal pain, headache, respiratory infection, vaginal infection, and urinary infection at a Kaiser Permanente health facility. The study showed that average visit costs were reduced 20 percent when patients saw physician assistants and nurse practitioners rather than physicians.² This included practitioner time, laboratory charges, and medications. Another study at a different Kaiser outpatient clinic showed that each PA saved the clinic between \$20,000 and \$25,000 per year.³

A massive nationwide study by the University of Southern California School of Medicine under contract with the Department of Health, Education and Welfare concluded the following: Compared to physician-only practices, those employing physician assistants and nurse practitioners were more productive (measured by number of patients seen, patient-care time, and gross income); slightly more time was spent with each patient; the charge per patient visit was less or the same; there was a direct relationship between the number of PAs and NPs (nurse practitioners) employed and practice productivity; and costs for patient care services with a PA or NP were noninflationary, "...at the worst, equal to those associated with physician-only practices and usually less than those associated with physician-only practices."⁴

These cost savings, according to all research surveyed, do not come at the expense of quality of care. In fact, the quality of medical care is often increased where PAs are used. A study of primary care practices in rural southeastern United States showed that physicians and PAs handle less and more severe patient encounters equally well, with no statistically significant difference in performance.⁵ A study by the Department of Family and Community Medicine at the University of Utah College of Medicine showed that in an ambulatory care clinic, "...the PAs achieved more good (patient) outcomes than either the faculty or any of the residents,

² Komaroff S. Greenfield. "Efficiency and Cost of Primary Care by Nurses and Physician Assistants." *New England Journal of Medicine* 298 (6) 305-0. 1978.

³ S. Shaughnessy. "Is There a PA in Your Future?" *Group Practice*. Jan/Feb 1978.

⁴ Mendenhall and Repicky. 1978.

⁵ M.J. Duttera and R. Harlan. "Evaluation of Physician Assistants in Rural Primary Care." *Archives of Internal Medicine* 138:224-28. 1978.

although they saw patients of the same type and degree of severity."⁶

The Kaiser Permanente study also showed that patient satisfaction, symptom relief, and diagnostic accuracy in the PA and NP group were equivalent or superior to those of the physician group. The HEW-UCS study concluded: "There was no evidence to suggest a diminution in quality of care with an NP/PA employed..." and "...the NP and PA contribute positively and significantly to patient care service."⁷ The high performance standards of PAs have been attributed to the emphasis on primary ambulatory care and patient education in their training programs and to good physician supervision in their practices.

Patient acceptance of PAs is excellent. A study of PAs in an emergency room in rural New Hampshire showed generally favorable reactions by patients. Fewer negative comments were received than in the days before they were hired, when lack of physician availability caused frequent long waits for care of minor emergencies.⁸ A study of eighteen primary care offices in New England showed that 85-90 percent of patients seen were satisfied with the job competence, professional manner, and physical examination skills of the PAs, while 71-90 percent felt that, following employment of the PA, quality of care and access to care were improved.⁹

Little in the literature on physician assistants and malpractice is available, mainly because the profession has been so successful in keeping malpractice risk to an absolute minimum. A Department of Health, Education, and Welfare report of the Secretary's Commission on Medical Malpractice in 1972 reported, "There appears to be no significant or unique malpractice liability imposed upon a physician who employs a PA, nor any greater liability imposed upon the PA himself."¹⁰ The American

⁶ D.D. Wright and R. L. Kane. "Cost and Outcomes for Different Primary Care Providers." *JAMA* 238:49. 1977.

⁷ Mendenhall and Repicky. 1978.

⁸ R.G. Maxfield. "Use of Physician Assistants in a General Surgical Practice." *American Journal of Surgery*. 131:504 8.

⁹ E.C. Nelson and A.R. Jacobs. "Patient Acceptance of Physicians Assistants." *Journal of American Medical Association* 228:63-67. 1976.

¹⁰ "PA's Seen As Asset in Liability Crisis." *AMA News*. April 26, 1976.

Medical Association assistant general counsel in an AMA News article stated, "PAs probably hold the potential for being one of the best malpractice tools available at the present time."¹¹ Most authorities feel that the extra patient counseling and increased communication as well as the close teamwork between the physician and PA are responsible for this.



You can increase your chances for admission by locating a preceptor physician who is willing to supervise you during training prior to the time you apply. Kathy Zagala is one of those admitted and graduated from the USC PA program in 1986. Currently she is practicing Family Medicine at a Los Angeles clinic.

6. Career Preparation

The number of institutions sponsoring educational programs for physician assistants has expanded from six in the mid-60s to 70 as of 1987. These programs are located in various surroundings such as community colleges, major universities, and medical schools or schools of allied health. In California, there are four primary care training programs: (1) the Physician Assistant Program of the Charles Drew University; (2) the Primary Care Associate Program at Stanford University; (3) the Physician Assistant Program at the University of Southern California School of Medicine; and (4) the Physician's Assistant Program at the University of California Davis (See Referral Section for addresses and telephone numbers of these programs).

¹¹ E.P. Bernzweig. "The Malpractice Problem and the Use of Physicians' Assistants." For Secretary's Commission on Medical Malpractice. DHEW Report #SCMM-EB-PA. 1972.

¹² AMA News. April 26, 1976.

Academic learning centered primarily around the basic sciences or allied health field, combined with a background of coordinated prior health care experience, has proven to be excellent preparation for PA training. Generally, the minimum requirements for admission are: a high school diploma or equivalent (GED); two years of college and health care experience (as a military corpsman, a registered nurse, or a worker in such allied health areas as respiratory therapy); good college admission scores; and several character references.

Most PA programs emphasize academic preparation in the sciences, preferably including general and analytical chemistry and microbiology. They also generally require some math, English, and psychology course work. Specific entry requirements for the four California PA programs will be listed in Section 7 of this booklet.

• High School and College Preparation

In preparing for this challenging profession, prospective high school and undergraduate students should ready themselves psychologically for the rigorous training program. Mastery of basic science courses (e.g., chemistry, biology) in college will make your PA training easier and more rewarding. Remember, math is the language of science. The sooner you acquire a good math background the better you will progress in your science courses.

Prior college education is important for successful admission to a PA program. In the 1985-86 entering class, 66 percent had degrees (3 percent — Master's degree, 46 percent — Bachelor's, 16 percent — Associate's).^{*} These degrees generally were in the natural sciences or other health care fields. Though a few students had no prior college education, the majority, 91 percent, had taken college-level courses.

Try to obtain as much health-related experience as you can without jeopardizing your academic performance. For instance, you may volunteer for community health projects on Saturdays, Sundays, or vacations and observe the medical profession at work. Take the initiative and introduce yourself to someone in the health professions who may be able to give you leads for obtaining valuable health-related experience. The experience you gain now will pay off in the future and give you an edge when applying to PA programs.

^{*} The Second Annual Report on PA Educational Programs in the US. Association of PA Programs. Arlington, VA.

You can also prepare by analyzing the list of California PA training programs entry requirements (provided in following pages) and by taking steps which will help you meet the academic and clinical requirements. Be sure to write or call the staff of the PA program of your choice for specific information about the coursework required for admission.

7. California Physician Assistant Programs

Entry Requirements. Each program has its own admission criteria. Students can obtain specific entry requirements of California or other PA programs from the schools themselves. The addresses, persons to contact, and telephone numbers for all four California programs may be found in the Referral Section.

Admission may be contingent upon a number of prerequisites and may include the following:

Academic: Minimum of units satisfactorily completed, usually 60 semester (90 quarter) college units, to include a mix of specified courses in math, science, English, and other communication skills subjects. Postbaccalaureate degree.

Clinical: Prior experience in a health care environment (e.g., emergency medical technician, licensed vocational nurse, physical therapist, psychiatric technician).

Tests: Nelson-Denny, Basic Science Screening Exam, and/or other.

References: Personal and/or employment/education letters of recommendation.

Interview: Yes for most qualified interviewees.

Other: Varies from school to school.

The following courses are recommended for general preparation:

High School (A college preparatory is recommended. The above courses will provide you with sufficient background to take the first year coursework in a nursing program or to take placement tests (e.g., math or English — which might be required — particularly applicable for the ADN program):

- **Laboratory Science** — Two years (biology, chemistry; physics for some programs)
- **Mathematics** — Three years required (algebra, intermediate algebra, geometry)
- **Foreign Language** — Two years.
- **English Composition/Literature** — Four years.
- **US History** — One year.

College/University (Check individual schools for requirements):

- **Mathematics** — Algebra.
- **English Composition** — One semester.
- **General Chemistry** — One year (high school or college).
- **Microbiology** — One semester with laboratory.
- **Anatomy** — One semester with laboratory.
- **Physiology** — One semester with laboratory.
- **General Psychology, Cultural Anthropology, or Sociology** — May be required.

8. Admissions Procedures

With increased national recognition and demand for the physician assistant, the wide margin between applicants and positions available is expected to grow. Interested students should plan early and carefully to ensure that their education and employment experiences enhance their chances for admission. Make application to several schools since competition will be keen for the limited seats available. If you are a California resident, the Health Professions Career Opportunity Program (HPCOP) advises you to apply to all four California primary care programs listed in the Referral Section.

Program application deadlines are generally December or January of each year for classes entering the following September. However, students should write at least three to six months in advance to those programs

which interest them in order to obtain more specific information regarding admission policies and procedures. Remember to *apply early!* The timing of your application is important. An early application generally receives more consideration by the Admissions Screening Committee than a late application which arrives when only a few seats remain. Be sure your application is complete, accurate, and neat. *Have someone edit your writing.* Your application should also reflect your understanding of the basic physician assistant philosophy and your desire to assist in the improvement of health care in an underserved community.

The admissions decision is based on your patient care experience, academic record, college entrance examination test scores, and personal references. Some schools also require an interview; therefore, the prospective student is encouraged to learn basic interview techniques.

In California, you can significantly increase your chances of admission to most PA programs by locating a preceptor (supervising physician) who is willing to supervise you during your training program prior to the time you apply. This saves considerable time and money and further demonstrates your interest in the profession.



PA programs are highly structured and require full-time attendance. Therefore, most California programs encourage their students not to work. Financial assistance is usually available in most programs. Janice Tramel is a 1977 graduate of USC's PA program. Since graduation, Janice has worked for the Kaiser Family Practice, and in 1978 became the clinical coordinator for USC's PA program. In 1985 Governor Deukmejian appointed Janice to sit on the Physicians Assistant Examining Committee in Sacramento.

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9. Financial Aid

Lack of personal funds need not prevent a determined minority student from obtaining Physician Assistant training. In California, the tuition for PA programs ranges from \$200 to \$900 per semester/quarter. In general, prospective minority PA students discover a variety of resources available to offset this cost including the following: awards, fellowships, gifts, grants, loans, stipends, and part-time employment or military programs which cover the entire cost.

Since most programs encourage the PA students not to work during their rigorous training period, assistance is usually available from the institution's financial aid office. These programs are highly structured and require full-time attendance. They want to help you successfully complete the program. Various types of financial assistance may be combined or packaged according to your ability and financial needs.

Begin to establish your personal financial plan early. It is important to assess how much assistance will be necessary, to know the eligibility requirements for the various financial aid programs, and to learn where to apply for such assistance. Be sure to contact the staff of the individual programs or the financial aid officers of the institution of your choice to obtain valuable advice in these areas before you apply for admission. You may also write the staff of the Health Professions Career Opportunity Program listed in the Additional Referrals Section.

Various financial aid sources include: California State Graduate Fellowships and Undergraduate Scholarships, Public Health Traineeships, National Direct Student Loans, Federally Insured Student Loans, Basic Educational Opportunity Grants, Supplementary Educational Opportunity Grants, University Grants, and Guaranteed Student Loan Program. The Federal Government also awards merit scholarships, as do many private national medical and allied health associations. Contact all the individual programs for detailed information on financial aid sources. Following are some recommended source books and references on financial aid which can be found in most college or public libraries:

1. *Scholarships, Fellowships, and Loans News Service*. Bellmen Publishing Company. Updated every two months with new financial aid opportunities and changes.

2. Scholarship, Fellowship, Grants and Loans. 20th Edition. New York. M. Lorraine Mathies, Editor. MacMillan Publishing Company. 1985.
3. Financial Advice For Minority Students Seeking An Education in the Health Professions. Health Professions Career Opportunity Program (See page 23 for address).



PAs may legally work in clinics, private offices, acute care hospitals, intermediate facilities, and homes. Sergio Noriega is a graduate of the Stanford University PA program. Here he exercises a routine examination on a patient.

10. PA Curriculum, Training, And Licensure

Most physician assistants nationwide are trained in primary care, although there are three surgeon's assistant programs as well. Since 1981, all PAs must be able to pass the primary care examinations before specializing. Specialty programs in California include emergency medicine and neonatology. Nationally, residency programs exist in emergency medicine, neonatology, surgery, pediatrics, and occupational health.

Primary care programs are intensive and range from 15-18 months in this state. Applicants in most programs often have significant health care experience prior to entering a program (e.g., paramedic, corpsman). Most PA students share a common experience in a medical setting; however, academic backgrounds range from a high school diploma and some junior college work to a Bachelor's or advanced degree.

The core curriculum and other information for the PA program of your choice may be obtained from the program itself. Addresses, telephone numbers, and persons to contact for the California programs are listed in the Referral Section at the end of this brochure. However, each program offers certain basic criteria for graduation.

Academic training includes coursework in anatomy, physiology, microbiology, pharmacology, behavioral science, and medical ethics. During the didactic periods, physician assistants and physician instructors conduct small group seminars and demonstrations, which are followed by appropriate practice. During the practicums, students join health care teams in outpatient and hospital settings. Student achievement is evaluated by written examinations and by observations during practice.

Clinical rotations generally follow academic training which includes a preceptorship of at least three months with a primary care physician or health care agency. Direct patient care and clinical skills are emphasized. Clinical training focuses on the taking of complete patient histories, performing physical examinations, ordering and interpreting diagnostic tests, instituting therapeutic plans, and educating and counseling patients. Preceptorships often serve as pre-entry into employment.

After graduation the PA must adhere to rigorous licensure requirements and continuing medical education guidelines. Every PA in California must pass the State of California licensure examination which is currently administered by the National Commission on Certification of Physician's Assistants (NCCPA). The test is given over a two-day period. It assesses practical skills through observation of the student performing physical examinations. Upon successful completion, PAs are awarded the title, Physician Assistant-Certified (PA-C).

To work in California, each PA must be licensed by the Physician Assistant Examining Committee of the Board of Medical Quality Assurance. This requires proof of graduation from an approved program and proof of successful completion of the national certifying exam. There are currently 54 (as of July 1987) primary care programs nationwide approved by California, four of them are in within California universities: Charles Drew Postgraduate School of Medicine; Stanford Medical Center; University of California Davis; and University of Southern California School of Medicine.

11. PA Work Settings

California's PAs presently work in a wide variety of settings, both rural and urban. They are found in:

- Solo and group private practices
- Health Maintenance Organizations
- County facilities
- Clinics
- Hospital emergency rooms
- Student health services
- Teaching institutions
- Veterans Administration facilities
- Branches of the armed services
- Federal correctional institutions

They are employed in many specialties; a partial listing includes:

- General and Family Practice
- Emergency Medicine
- Pediatrics
- Obstetrics and Gynecology
- Surgery
- Orthopedics
- Allergy
- Industrial Medicine
- Psychiatry
- Cardiology
- Oncology
- Psychiatry and Mental Health

PAs may legally work in any medical setting in which their supervising physicians function. These may include clinics, private offices, general acute care hospitals, acute psychiatric hospitals, special hospitals, nursing facilities, intermediate care facilities, and homes.

Not all hospitals and nursing facilities currently allow PAs to function within them. Each facility may decide whether or not to grant privileges to the PA. California has developed regulations to facilitate this process and allows PAs greater access to these institutions. In addition, the California Hospital Association already has published guidelines for the use of PAs in its member hospitals.

Practice Settings For Physician Assistants*

- Solo Practices 15.2%
- Partnerships And Group Practices 19.4%
- Nonhospitals 26.9%
- Hospitals 25.6%
- VA And Military Hospitals 13.1%

12. Opportunities And Prospects

In 1960, there were only two practicing physician assistants in the country. By 1987, the figure had grown to 18,000. This growth is in part due to the promise PAs hold for the future — the promise of substantially alleviating the crisis the United States experiences today in the provision of primary health care.

There is no fixed salary scale for physician assistants. Salaries today vary widely and reflect the type of practice, the practice location, the experience of the PA, and the benefit of the PA to the practice. Starting salaries are negotiable and range from approximately \$18,000-\$22,000 depending on the agreement reached between the physician and the PA.

Professional benefits such as continuing medical education, time, and alternative payment arrangements, such as profit sharing, can all be negotiated on an individual basis and formalized by written or verbal agreement. There are several state and national PA professional organizations including the California Academy of Physician Assistants and the American Academy of Physicians' Assistants (Their complete addresses are listed in Referral Section).

The malpractice insurance policy of the supervising physician generally covers the PA and is paid for by the employing physician. Many carriers do not increase the premium when a PA is employed; some increase it only slightly, while others may increase it significantly. PAs may also purchase their own professional liability insurance policies.

* The 1984 Masterfile Survey. American Academy of Physicians Assistants.

While physician assistants may charge directly for their services, generally they do not. All reimbursement is usually made through the supervising physician or the employing institution. In California, the Medi-Cal (State version of Medicaid) program reimburses for PA services at 100 percent of the supervising physician's reimbursement rate. Medi-Cal has some specific requirements for physicians employing PAs, one of which is that the physician review charts of Medi-Cal patients within seven days of the patient visits to the PA.

Medicare currently reimburses for certain primary care services in federally designated rural health clinics, in risk-sharing Health Maintenance Organizations, in hospitals, in nursing homes, and when assisting at surgery. Efforts continue to expand coverage to all practical settings. There have been no reported difficulties in reimbursement by private third-party payers.



The demand for highly trained PAs is increasing and is expected to multiply. Doug Chin A Stanford Graduate, worked for two years in India with a village Outreach Program. He is currently practicing at the Ortho East Clinic in Berkeley and with the UC Berkeley Athletics Department.

Job hunting may sometimes be difficult. Nevertheless, if clear job opportunities are sought before entering a PA program, your chances of success are greater. Since the service load in primary health care is expected to multiply, many physicians will require the assistance of well-trained physician assistants. Therefore, in most minority and underserved communities, the physician assistant's future should be filled with admiration and respect by those who no longer need to spend long hours waiting for primary care services. Talk to a PA program advisor about future employment before you enroll.

Specialties Of The PA Profession

• Family Practice	42.5%
• General Internal Medicine	9.2%
• General Pediatrics	2.9%
• OB/GYN	3.1%
• Surgeons	17.7%
• Emergency Medicine Specialists	6.4%
• Other specialties and subspecialties	18.2%

13. A Scenario

Perhaps the best way to understand what a PA does is to visualize one in practice. The following scenario, involving one physician who has fully incorporated a PA into his practice, is based on the experience of a practicing PA.* They have worked together for two years.

8:00 a.m. Dr. Q, a physician in private general practice, arrives at her office. Her PA, Jeff, has just walked in. They look at the day's patient schedules and discuss potential problems. Jeff asks about changing the insulin regimen of a diabetic patient he's been following, and together they work out a better dose schedule.

9:00 a.m. They start seeing patients in separate exam rooms, with the nursing staff assisting both. The PA handles uncomplicated new cases, does physical exams that are required for school or employment, and sees patients with chronic problems who return for maintenance care. He orders and evaluates appropriate lab work, x-ray, and EKG, and phones in prescriptions to a local pharmacy under prior arrangements, working within guidelines developed together with his supervising physician.

11:30 a.m. Jeff consults with Dr. Q about a patient he has just seen who appears to be in CHF (Congestive Heart Failure). They review the case and decide to admit him to the hospital. Jeff makes the admission arrangements, and since he had planned to make hospital rounds for Dr. Q this afternoon, accompanies the patient to the hospital. While there, he reviews the charts of Dr. Q's post-op patients. He also makes progress notes and written orders under conditions agreed on by Dr. Q, the hospital, and the PA.

* Excerpt from "A PA in My Practice?" Jack Liskin.

Later he visits some of Dr. Q's nursing home patients, and returns to the office at the end of the afternoon to discuss patients whom he feels should see the physician at their next visit. He also asks for advice about two inpatient problem cases. Dr. Q asks the PA to spend some extra time with two of her own patients: a new mother who wants to learn about the various methods of contraception, and an obese man wanting to start on a diet and exercise program.

Dr. Q will attend a continuing education seminar the next day; only routine cases were scheduled for Jeff for that time. In the past, Dr. Q was forced to close the office on such occasions. She will carry a beeper so that the PA can contact her instantly should any problems arise. Tonight Jeff will be on call, as he is two nights each week. At week's end, Dr. Q will review the PA's charts and countersign them. This process has become easy as her assistant's knowledge and experience have grown. She feels pleasure in having taught the PA much during their work together, and realizes that both of them stay mentally sharp as a result.

For these services, Dr. Q pays her PA a good wage plus a percentage of the office income. At first, during the adjustment period, that salary was lower and there was no percentage while the two learned to work together as a team. But, as Dr. Q saw her office income and productivity rise, she increased the compensation accordingly; still, it is much less than a physician-partner would require, and her practice would not accommodate a full partner. Her malpractice premium is only slightly higher than it was before the PA arrived. Both Dr. Q and the PA are well satisfied with their relationship.

At first there were many questions about the PA from patients. Some still insisted on calling him "Doctor", but after a short time they began to accept him without question. Many of them do comment to Dr. Q that they like the extra time the PA takes to answer their questions and to explain his instructions. Some were frankly amazed when he made a home call.

14. The Health Professions Career Opportunity Program (HPCOP)

The Health Professions Career Opportunity Program (HPCOP) was established by the California Department of Health in 1977. Since the 1978 reorganization of the Department of Health, HPCOP has been part of the

Office of Statewide Health Planning and Development.

HPCOP was designed to implement the Department's programmatic priority of drawing more members of underrepresented minority groups into the health professions. It has documented that the most effective, long-term solution to the health care problem in minority health manpower shortage areas is the training of more health professionals who will voluntarily practice in these areas.

HPCOP conducts a variety of activities to increase the pool of informed, well-prepared applicants to health professional schools. These activities include: the publication of a monthly newsletter, *Health Pathways*, preparation and dissemination of brochures and fact sheets on a variety of health careers; and the organization of a series of conferences. HPCOP also conducts research into minority health manpower development. It provides technical assistance to student and community-based organizations, colleges, and health professional schools. HPCOP emphasizes undergraduate, medical, dental, and public health program activities.

For more information, referrals to minority health professional recruiters, and names of students in your local area, please contact:

Health Professions Career Opportunity Program
1600 Ninth St., Rm. 441
Sacramento, CA 95814
(916) 654-1730
fax (916) 654-3138

15. Referrals

For more information about physician assistants:

- **PA training programs, preceptorships, and general information:**

COMP PA Program
College Plaza
Pomona, CA 91766

Physician Assistant Program
University of Southern California School of Medicine
1975 Zonal Ave., KAM, B29
Los Angeles, CA 90033

Physician Assistant Program
Charles Drew University
1621 E. 120th St.
Keck Allied Health Bldg.
Los Angeles, CA 90059

Primary Care Associate Program
Stanford University Medical Center, Ste. F-1
703 Welch Rd.
Palo Alto, CA 94304

Physicians Assistant Program
Department of Family Practice
UC Davis Medical Center
2221 Stockton Blvd.
Sacramento, CA 95817

- **National sources for programs, legislation, licensure, general information**

American Academy of Physician Assistants
950 N. Washington St.
Alexandria, VA 22314-1552

Note: Address requests for the National Directory of PA Programs (analogous to Medical Schools requirements and Admissions), at a cost of \$25, to: Association of Physician Assistance Programs (APAP) at the same address.

Department of Allied Health and Education
American Medical Association
515 N. State St.
Chicago, IL 60610

National Commission on Certification of Physician Assistants, Inc.
2845 Henderson Mill Rd. NE
Atlanta, GA 30341

- **Regulations, applications, and information for supervising physicians and for PAs:**

Physician Assistant Examining Committee
Medical Board of California
1430 Howe Ave.
Sacramento, CA 95825

- **Up-to-date information on California PAs, employment:**

California Academy of Physician Assistants
9778 Katella Ave., Ste. 115
Anaheim, CA 92804

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E.C. Nelson and A.R. Jacobs, "Patient Acceptance of Physician Assistants," Journal of American Medical Association 228:63-67, 1974.

"Laws and Regulations Relating to the Practice of Physician Assistants," State of California Department of Consumer Affairs, 1987.